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IAW AFI 48-123 (24 SEPT 2009), Chapter 12 and USAF Waiver Guide (OCT 2009)

(revised 25 January 2010)

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AFI 48-123, Chapter 12 (24 SEPT 2009) & USAF Waiver Guide (OCT 2009)

Refractive Surgery Management Groups

To Effectively Utilize RS Resources, AF Personnel Are Assigned to One of Three Management Groups

- Trained "Aviation and Aviation-Related Special Duty (AASD) personnel
- Applicants to AASD
- Warfighter Personnel





Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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Guidelines IAW AFI 48-123, Chapt 12



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Refractive Surgery Authorization for Treatment Location

- Active Duty (AD) and Air Reserve Component (ARC) Eligible for AD Elective Surgery Benefits
 - Authorized RS at any DOD RS Center and post-RS management at local military treatment facility at no cost.
 - Authorized treatment and post-RS management at civilian RS Center at own expense.
- ARC Not Eligible for AD Elective Surgery Benefits
 - Authorized treatment and post-RS management at civilian RS Center at own expense.

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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Guidelines IAW AFI 48-123, Chapt 12



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Refractive Surgery Location Authorizations

· Priority I

- AF AASD Career Fields
- Does not include aviators permanently DQ or cross-trained from aviation.

Priority II

- Personnel whose routine military duties require wear of NVG, eye protection, or respiratory protection.
- Does not include nuclear biological chemical (NBC) mask worn only for deployment.

· Priority III

- Personnel who do not meet above criteria

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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Guidelines IAW AFI 48-123, Chapt 12



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Aviation/Warfighter Determination

- Air Force Specialty Code (AFSC)
 - Assigned to AF members according to career specialty
 - Officer AFSC 4 character sequence (1st two are number)
 - Enlisted AFSC 5 character sequence (1st is a number, 2nd is a letter)
 - AFSC prefix and suffix are authorized for some AFSC careers
- Aviation Service Code (ASC)
 - 2 character sequence indicating flight status and flight/hazardous duty pay authorization. Member must have current or recent flight orders to have an ASC assigned. Recent aviation career personnel will be managed by AFSC with a reasonable assumption that flight orders will be forthcoming.

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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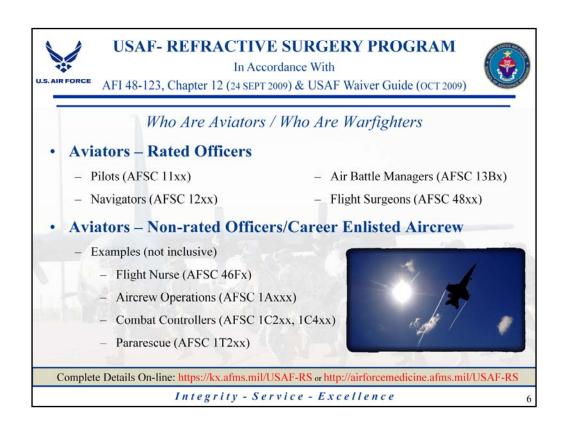
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Guidelines IAW AFI 48-123, Chapt 12

AFSC is a code used by AF Personnel Office to track and assign personnel according to their training and qualifications.

ASC is a code used by finance and personnel to determine: Flight/hazardous duty pay authorization; amount of flight/hazardous duty pay eligibility - (i.e. officer vs enlisted, year of flight duty (pay in incremented early in career, stabilizes, and terminates through career), career aviator vs operational support, rated vs non rated, etc)

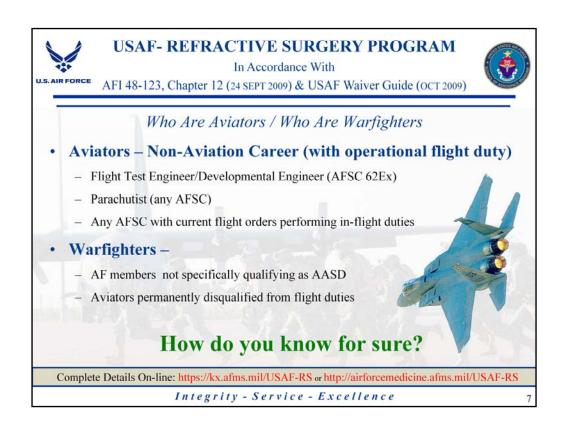
Neither code was designed for use for the refractive surgery program. So there are some situations that are not clearly defined.



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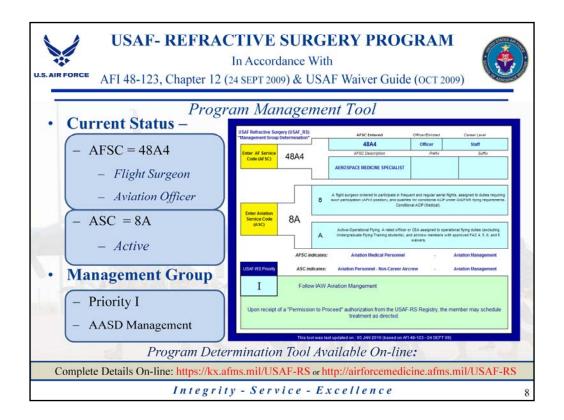
Neither code was designed for use for the refractive surgery program. So there are some situations that are not clearly defined.



There are other personnel who are considered Priority I under this program that are not by career considered aviation personnel. These are listed. Everyone else is considered warfighters for the purpose of this program.

Note: what is the easy way to know? Wearing a flight suit... not necessarily because policy says priority I does not include disqualified aircrew. Wearing BDU is a warfighter... not necessarily because they may be assign to flight duties but not authorized a flight suit due to career or local policy.

So how do you know?

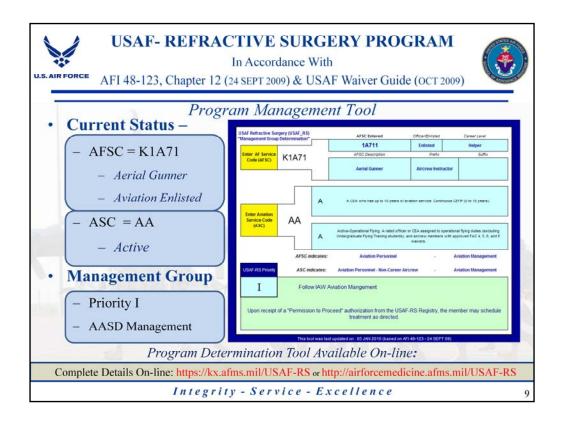


Program Determination Tool Available On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

AFSC references a Flight Surgeon – a rated aviation officer

ASC references that this member is on active flight orders as a medical officer

Management group is I, AASD Management

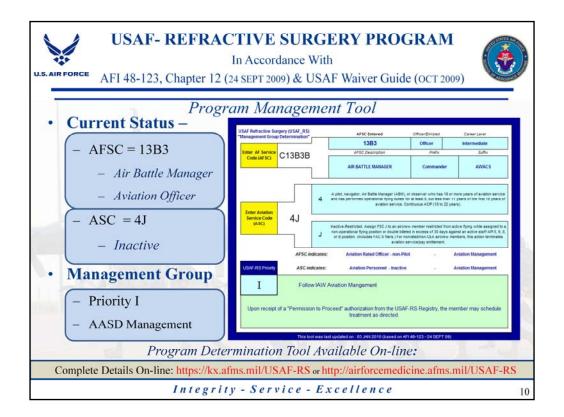


Program Determination Tool Available On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

AFSC references an Aerial gunner – a Career Enlisted Aviator

ASC references that this member is on active flight orders

Management group is I, AASD Management

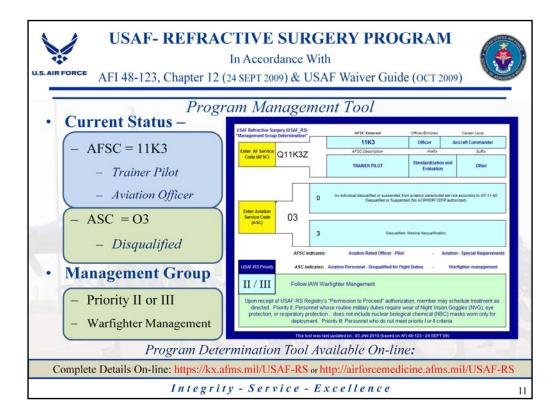


Program Determination Tool Available On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

AFSC references an Air Battle Manager – a rated aviation officer

ASC references that this member is on IN-active flight orders. It is assumed that Career AASD personnel will return to flight duties at some future time.

Management group is I, AASD Management

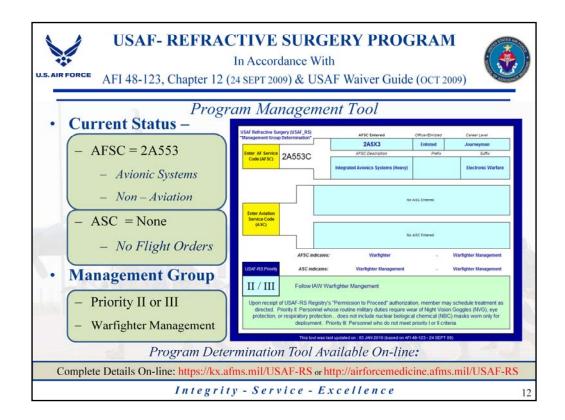


Program Determination Tool Available On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

AFSC references a Pilot assigned to a career to train other aircrew – a rated aviation officer

ASC references that this member has been medically disqualified from flight duties. It is assumed that they will never return to flight assignments and are therefore not assigned as priority I

Management group is II or III, Warfighter Management

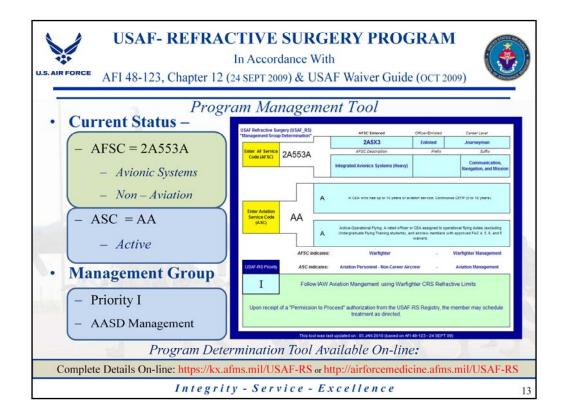


Program Determination Tool Available On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

AFSC references an Enlisted member – a non-aviation career

ASC references that this member has no active or inactive flight orders

Management group is II or III, Warfighter Management

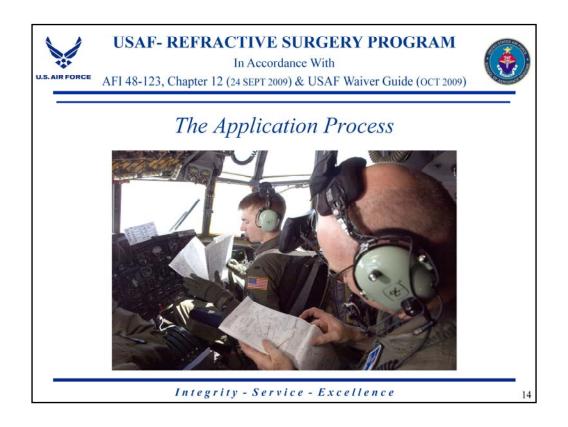


Program Determination Tool Available On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

AFSC references an Enlisted member – a non-aviation career

ASC references that this member is on active flight orders

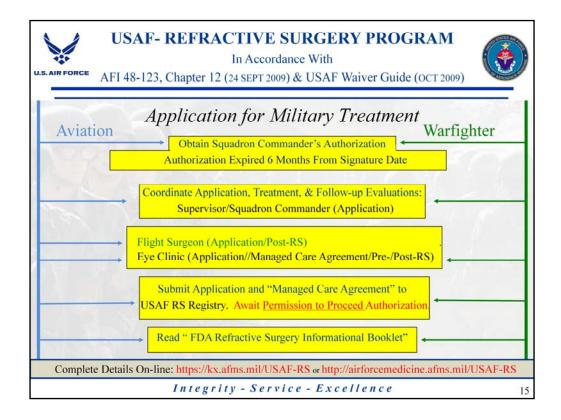
Management group is I, AASD



Vision is a critical tool for operational performance. A close second is the need for paper work.

All AF personnel (Active Duty, Air National Guard, and AF Reserve) are required to complete the application process and receive "Permission to Proceed" authorization from the USAF RS Registry PRIOR TO treatment

Personnel from other service are managed in accordance with their respective service's guidance.

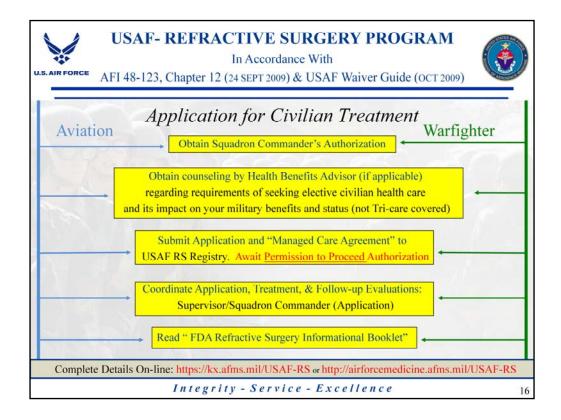


These are the steps for seeking treatment within the DOD.

All AF personnel (Active Duty, Air National Guard, and AF Reserve) are required to complete the application process and receive "Permission to Proceed" authorization from the USAF RS Registry PRIOR TO treatment

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Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS



These are the steps for seeking treatment outside the DOD

All AF personnel (Active Duty, Air National Guard, and AF Reserve) are required to complete the application process and receive "Permission to Proceed" authorization from the USAF RS Registry PRIOR TO treatment

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Pre-Refractive Surgery Requirements



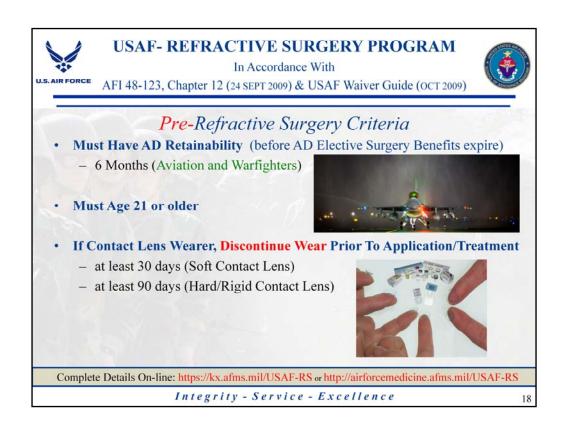
Complete details for AASD personnel are available in RS Waiver Guide

Complete details for Warfighter personnel are available in Clinical Criteria Guidelines

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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AD Retainability refers to how much time remains before a member's eligibility for Active Duty Elective Surgery Benefits expire.

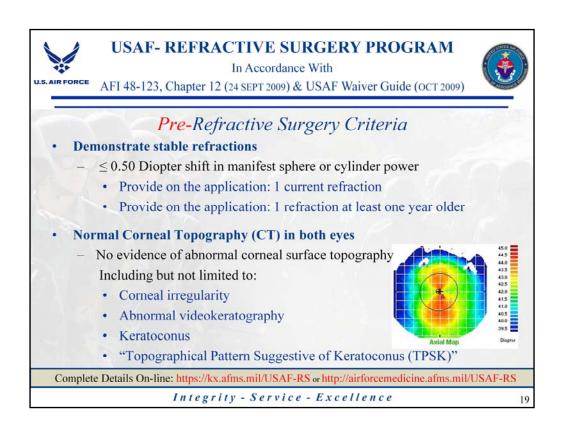
For AD enlisted – how much time remains on current enlistment contract $% \left(1\right) =\left(1\right) \left(1\right) \left($

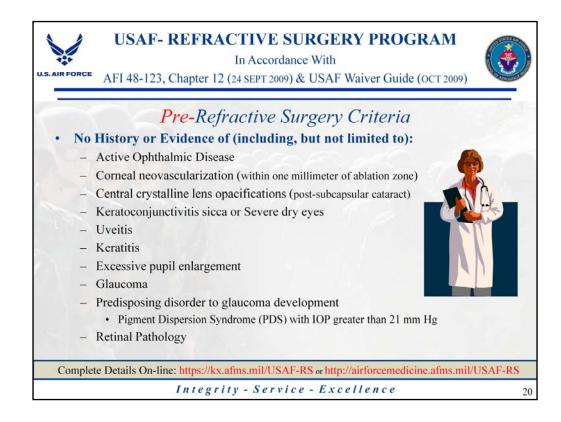
For AD officers – how much time remains before mandatory separation (retirement, voluntary/involuntary separation)

For Active Duty Equivalent ARC – same as AD guidance

For Traditional ARC - not eligible for DOD treatment, therefore N/A. But must coordinate with commander.

Contact Lenses cause minor to significant amount of corneal edema which may affect the RS outcome. RS treatments are scaled on a micron (1/1000 of a millimeter) measure. Therefore even minor edema may impact desired results.







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Pre-Refractive Surgery Criteria

- · No concurrent topical or systemic medication which may impair healing
 - Including but not limited to:
- Isotretinoin (Accutane®)

Corticosteroids

Amiodarone hydrochloride (Cordarone®)

Antimetabolites

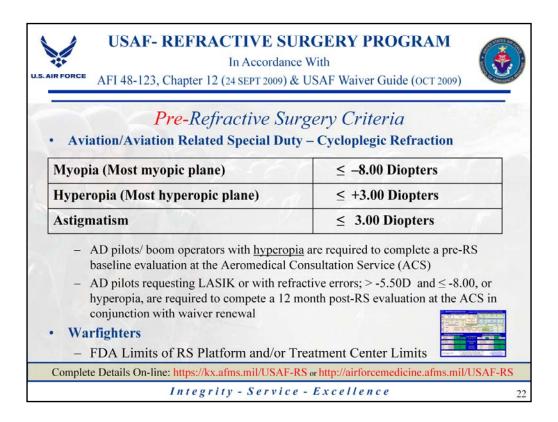
- Sumatriptan (Imitrex®)
- · No medical conditions which may impair healing

Including but not limited to:

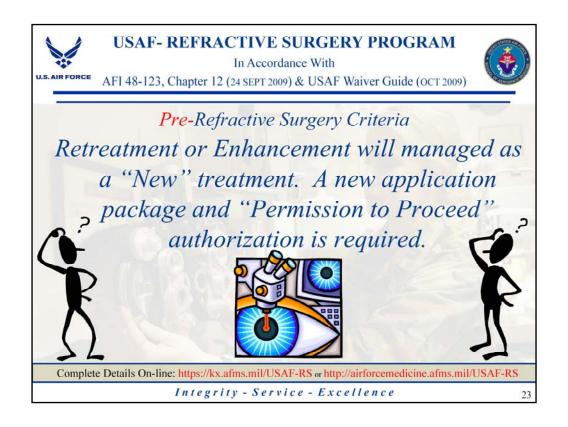
- Collagen vascular disease
- Immunodeficiency disease
- Autoimmune disease
- Ocular herpes zoster or simplex
- Endocrine disorders, (thyroid disorders, diabetes, etc)
- · Not currently pregnant or breastfeeding
 - Must be at least six months post-partum or after discontinuing breastfeeding

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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RS Clinical Assessment Tool uses information from the application data to provide a tentative assessment of suitability for treatment. Use as a guide only. Final treatment decisions are made by the USAF-RS Registry, the USAF RS Consultant, and the treating RS surgeon.





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What Type of Refractive Surgery Is Approved?





Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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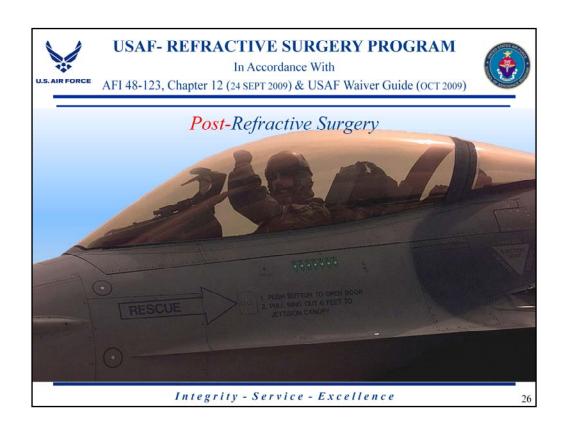
Approved Refractive Surgery Procedures

- Advanced Surface Ablation (ASA) Aviation and Warfighters
 - Photorefractive Keratectomy (PRK)
 - Laser In-Situ Epithelial Keratomileusis (LASEK)
 - Epi-LASIK
 - Wave-Front Guided Photorefractive Keratectomy (WFG-PRK)
- Intra-Stromal Ablation (ISA) Aviation and Warfighters
 - Laser In-Situ Keratomileusis (LASIK)
 - Wave-Front Guided Laser In-Situ Keratomileusis (WFG-LASIK)
 - "All LASER LASIK" (corneal flap created with femtosecond LASER)
- Other FDA Approved RS procedures Warfighters Only
 - If approved by AF/SG RS Consultant
- Unauthorized RS Procedures
 - Radial Keratotomy (RK)

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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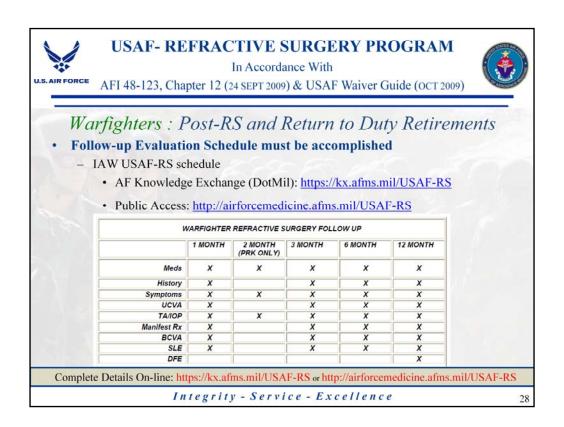
Warfighters: Post-RS and Return to Duty Retirements

- · Initiate AF Form 469: Duty Limiting Condition Report
 - Managed by member's PCM in coordination with local eye care clinic.
 - Will not DEPLOY or PCS while on steroid eye drops after any RS procedure.
 - Will not be eligible for DEPLOYMENT until steroid eye drops are discontinued and at least 1-month post-RS.
- Must Be Evaluated By a DoD eye care provider
 - To be cleared to resume unrestricted duties
 - May return to limited duties (not deployable) within a few days of surgery as recommended by local eye care provider
 - Must meet applicable USAF vision standards (AFI 48-123, chapter 5) before returning to full duty.
 - If corrective lenses are required to meet applicable vision standards, they must be prescribed and worn.

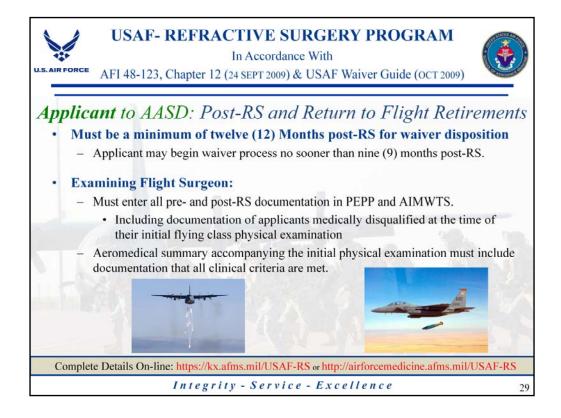
Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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Follow-up schedule as posted on 25 Jan 2010





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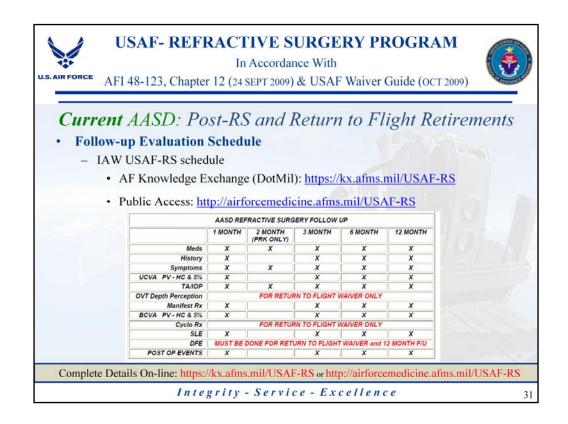
Current AASD: Post-RS and Return to Flight Retirements

- Must comply with post-RS evaluations as defined in USAF Waiver Guide
 - AF Knowledge Exchange (DotMil): https://kx.afms.mil/waiverguide
 - Public Access: http://airforcemedicine.afms.mil/waiverguide
- · ARC member, unless eligible for AF medical care benefits:
 - Must accomplish required post-RS evaluations at own expense from civilian RS provider.
 - Copies of post-RS evaluations must be provided and entered into AF medical record.
- · Member's Flight Surgeon:
 - Will submit aeromedical summary and all required waiver documentation in AIMWTS (per the waiver guide) for forwarding to the waiver authority.
 - Waiver authority will not grant any waivers until all required information is received in AIMWTS and made available to the USAF-RS Aviation Program Manger (APM).

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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Follow-up schedule as posted on 25 Jan 2010



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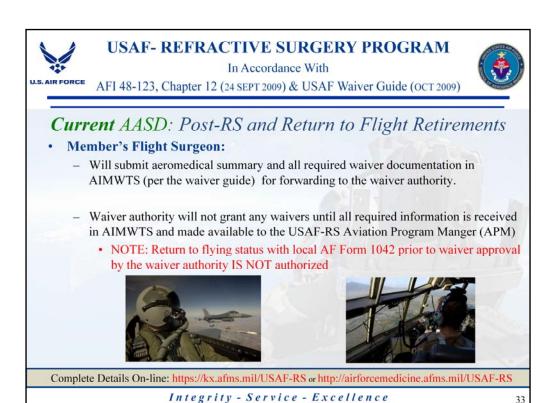
Current AASD: Post-RS and Return to Flight Retirements

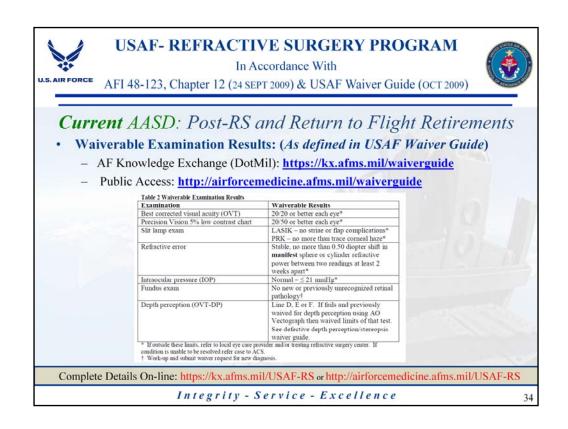
- · Member's Flight Surgeon:
 - Any visual complaints, surgical complications, post-surgical incidents, or duty restrictions must be documented /submitted via AIMWTS at initial or renewal waiver
 - If corrective lenses required to meet applicable vision standards, They must be prescribed and worn.
 - If NVGs required for duty position, applicable NVG vision standards must be met.
 - No DEPLOYMENT or PCS while on steroid eye drops after any RS procedure.
 - While on steroid eye drops, place on non-mobility status, restricting deployment and PCS via AF Form 469: Duty Limiting Condition Report – minimum 1 month post-RS.
 - Member will not schedule RS at a time where surgery or recovery would interfere with an anticipated deployment cycle
 - Individual exceptions to the PCS rule may be granted on a case-by-case basis.

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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Current AASD: Post-RS and Return to Flight Retirements

- · Required Aeromedical Summary Items for Waiver Submission
 - History (AASD applicants & Trained AASD Initial and Renewal waivers)
 - · Pre-op Cycloplegic Refractions
 - · Surgical procedure, date and location
 - Assessment (negative and positive) of post-op: symptoms of glare, halos, reduced night vision, and diplopia
 - · Eye Medications usage, past and current, including discontinuation dates.
 - Address whether all clinical criteria prior to RS were met (AASD applicants only)
 - Presence of surgical/post-RS complications (AASD applicants only)
 - · Copy of "Permission to Proceed" authorization letter
 - · Copy of Surgical documentation
 - Copy of Post-RS evaluations (as required by waiver guide)
 - Copy of Any RS related incidences

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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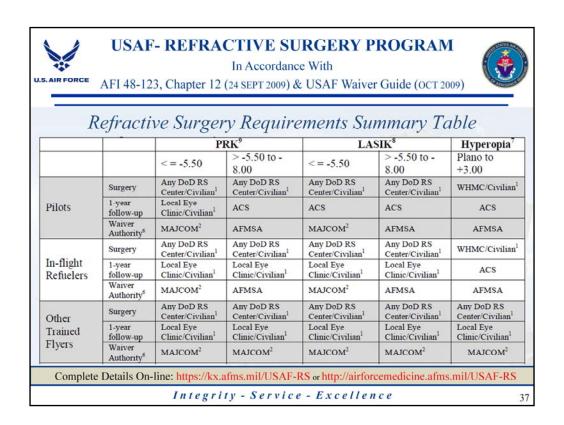
Current AASD: Post-RS and Return to Flight Retirements

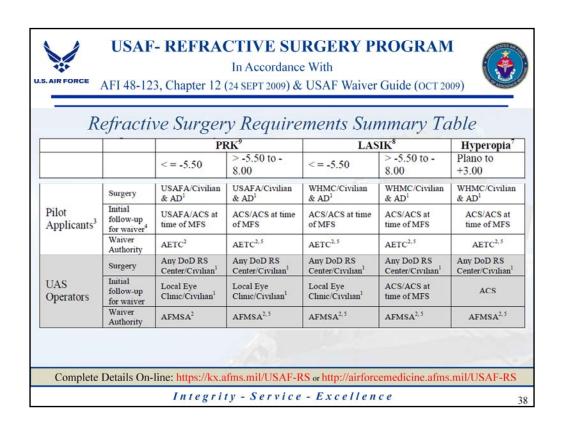
- · Required Items for INITIAL/RENEWAL AASD waiver submission.
 - Current Physical (AASD applicants & Trained AASD Initial and Renewal waivers)
 - · Uncorrected and Best corrected Visual Acuity
 - High Contrast using OVT Low Contrast using PV 5% low contrast chart
 - Cycloplegic refraction and Dilated Fundus Exam (DFE)
 - Two manifest post-op refractions at least 2 weeks apart demonstrating stability
 - No more than 0.50 Diopters shift in <u>manifest</u> sphere or cylinder
 - For AASD waiver renewal only one (current) manifest post-op refraction is required.
 - · Slit Lamp Exam, including grading of haze
 - · Intraocular pressures (IOPs)
 - Depth Perception (OVT-DP)
 - If fails and previously waivered for defective depth perception using AO Vectograph, then include AO Vectograph.

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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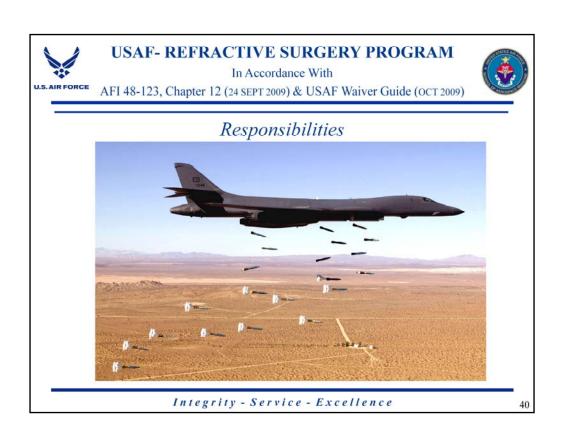
Refractive Surgery Requirements Summary Table

Notes From Tables

- 1. If eligible for TRICARE medical benefit (e.g. AD), treatment can occur at any DoD center. If not eligible for TRICARE medical benefit (e.g. civilian, ROTC & most ANG/AFRC), will go to civilian
- 2. May not be delegated to local waiver authority.
- 3. AD pilot applicants are considered Warfighters until selected for training [they must have a qualified PE (pending MFS) before selection].
- 4. Initial follow up in conjunction with FC I application could be greater than one year after surgery (e.g. history of PRK or LASIK greater than one-year ago). ACS evaluation required for all LASIK and >-5.50 diopters.
- 5. For USAFA cadets, ACS evaluation is required prior to waiver (no "contingent on MFS" waivers).
- 6. Waiver authority for initial and renewal.
- 7. For both PRK and LASIK
- 8. Minimum DNIF of 1 month is required following LASIK. Initial waiver can be requested once applicable vision standards are met and refractive stability is established.
- 9. No minimum DNIF period is established following PRK, however, 2-3 months is generally required for enough corneal healing to occur to meet applicable vision standards and for refractive stability to occur.

Complete Details On-line: https://kx.afms.mil/USAF-RS or http://airforcemedicine.afms.mil/USAF-RS

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Responsibilities - Member's Squadron Commander

- · Maintain working understanding of AF RS programs and requirements
- Grant or deny authorization for USAF-RS application based on best interest of the AF.
 - Commander's authorization expires six months after date of the signature.
- Certify Member:
 - Meets AASD or Warfighter Management Group definition
 - Has sufficient service retainability (minimum 6 months)
 - Assign appropriate treatment prioritization
- Authorize unit-funded TDYs for treatment at DoD facilities for eligible AD/ARC pilots and AD/ARC in-flight refuelers.
 - Non-pilot/in-flight refueler personnel may be authorized unit-funded or permissive TDY.
 - Leave Status is not authorized for treatment at DoD RS Centers.
 - TDY en route for RS must be authorized only after coordination for follow-up care.
- Support operational restrictions following USAF-RS treatment, as required.
- Once returned to flying status, strongly encourage to require post-RS pilots accomplish; first day, first night sortie; first night refueling; first night formation flight; with an instructor pilot to assure operational flight safety.

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Responsibilities – Member (AF personnel – AD or ARC)

- Submit RS application & required supporting documentation/evaluation
- Obtain authorization from the USAF Refractive Surgery Registry (APM/WPM)
 - May not proceed granted "Permission to Proceed" authorization
- Obtain squadron commander's permission and application endorsement
- Coordinate application, treatment, & follow-up evaluations with flight surgeon/PCM, & eye clinic.
 - All; Notify Flight Surgeon / PCM within 1 week of RS procedure
 - DoD: Notify Flight Surgeon and Eye Clinic to arrange follow-up & administrative actions
 - Civilian: Notify Flight Surgeon to coordinate appropriate administrative actions
- Read FDA refractive surgery informational booklet prior to RS
 - Available on-line at: https://kx.afms.mil/USAF-RS or airforcemedicine.afms.mil/USAF-RS
- Undergo only authorized UAF-RS procedures IAW AFI 48-123 / Waiver Guide

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Responsibilities - Flight Surgeon (Aviation Management)

- Maintain working understanding of AF RS programs and requirements
- Aircrew POC during RS application, treatment, post-RS management
- Initiate AF Form 469 DLC report as required and appropriate grounding actions
 - May not deploy or PCS until steroid eye drops have been discontinued, Minimum 1 month post-RS
 - May be authorized to PCS while on steroid eye drops only after coordination with gaining eye care provider
- Submit aeromedical summary and all required waiver documentation in the Aeromedical Information Management Waiver Tracking System (AIMWTS) for forwarding to the waiver authority
- Provide squadron education briefings on RS and policy. May be in conjunction with the local optometrist/ophthalmologist
- If co-management is by non-AF eye care provider, FS is responsible for entering required documents into AHLTA & hard copy medical records.

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Responsibilities – Air Force Eye Care Provider

- Maintain working understanding of AF RS programs and requirements
- Serve as POC for Warfighter Management Group during RS application, treatment, and post-RS management.
- Monitor all RS-treated AF personnel; either by co-management with a DoD RS Center or by "Administrative Co-Management" for civilian treatments.
- Attend the USAF RS for Warfighters Workshop, USAF School of Aerospace Medicine, Brooks City-Base, TX, at the earliest possible opportunity based on local mission requirements.
 - If local operational mission requirements prevent attendance at this training prior to beginning RS care, unit commander may request a waiver from the USAFSAM/FECO with USAF/SG Optometry Consultant endorsement. These waivers are valid until the next scheduled workshop
 - Workshop attendance is highly recommended, at least, every four years or as directed by USAF-RS Consultant

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Responsibilities – Air Force Eye Care Provider

- Coordinate & accomplish clinical screening, referral/application, post-RS evaluations IAW AFI 48-123 and Waiver guide
 - Use AF-approved RS application and post-RS evaluation forms
 - Sign the co-management agreement for member's post-RS management/care before any RS is scheduled. If co-management care agreement expires prior to intended surgery date, it must be reaccomplished.
- Ensure all post-RS evaluations, reports, and supporting documents are available for the FS's review through appropriate AHLTA documentation, supplemented by hard copies in the medical records when required.
- Support the FS's squadron and professional staff education briefings on RS and related policies.

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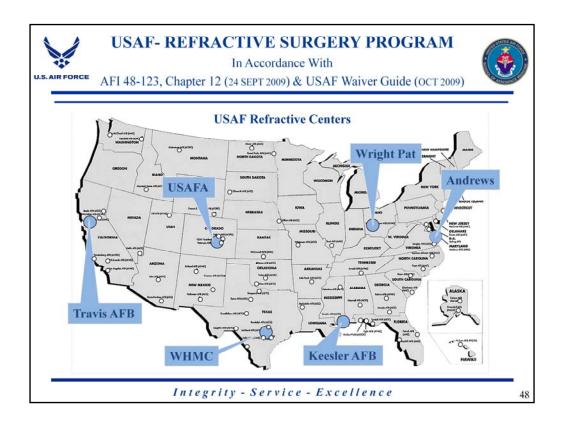
AFI 48-123, Chapter 12 (24 SEPT 2009) & USAF Waiver Guide (OCT 2009)

Responsibilities – Air Force Eye Care Provider

- Warfighter Management
 - Initiate and manage appropriate AF Form 469 (DLC report) in conjunction with member's PCM.
 - Certify member regarding RS-related duty restrictions and "Return to Duty" determinations.
 - Vision requirements based on Officer and Enlisted classification directory and AFI 48-123.
 - Notify applicable USAF-RS PM and USAF RS Consultant of any RS complications / incidents.
- · Aviation Management
 - Certify member regarding RS-related duty restrictions and AASD vision requirement status.
 - Advise members FS on aircrew's status for appropriate DNIF actions.
 - Report to FS and USAF-RS APM aircrew that require grounding for unexpected RS-related events.

Integrity - Service - Excellence

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Location of AF treatment centers (Jan 2010)

